

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006774

FILED
Feb 14, 2009
Secretary of State

Entity Name: CYPRESS LAKES AT HIGH POINT PHASE TWO HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 780024
ORLANDO, FL 328780024

New Principal Place of Business:

629 CYPRESS TREE CT.
ORLANDO, FL 32825

Current Mailing Address:

PO BOX 780024
ORLANDO, FL 328780024

New Mailing Address:

FEI Number: 59-3548459 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PACK, GILBERT J
632 CYPRESS TREE CT
ORLANDO, FL 32825 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PACK, GILBERT J
Address: 632 CYPRESS TREE CT
City-St-Zip: ORLANDO, FL 32825

Title: D () Delete
Name: WHEDBEE, JIMMIE L
Address: 508 CYPRESS TREE CT.
City-St-Zip: ORLANDO, FL 32825

Title: TS () Delete
Name: KINDER, JOE
Address: 629 CYPRESS TREE CT
City-St-Zip: ORLANDO, FL 32825

Title: D () Delete
Name: LOPEZ, MILLIE
Address: 534 CYPRESS TREE CT
City-St-Zip: ORLANDO, FL 32825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GILBERT J. PACK

P

02/14/2009

Electronic Signature of Signing Officer or Director

Date